## DOCKET FILE COPY ORIGINAL

Lucas Public Library P. O. Box 278 Lucas, KS 67648 July 3, 2001

Federal Communications Commission Office of the Secretary 445 - 12th Street, S.W. Room TW-A325 Washington, DC 20554 JUL 6 2001
FCC MAIL ROOM

Re: Billed Entity Number:

138093 233968

471 Application Number;

CC Docket Nos. 96-45 and 97-21

In reference to the letter from Universal Service Administrative Company, Schools and Libraries Division to Lucas Public Library dated June 26, 2001(copy enclosed) we think there must be some error.

The Form 471 which we originally submitted did have Block 5 inadvertently left blank. However, the revised form 471 which we submitted on April 4, 2001 in response to the SLD's rejection letter of March 21, 2001, corrected that problem, and the Block 5, Item 23 (E,H, I and K) were complete.

I am enclosing a copy of the pages in question and also enclosing the SLD's "Decision on Appeal" letter to us dated June 26, 2001. We feel confident we completed every applicable box correctly on the Form 471 submitted with our appeal letter of April 4.

Thank you for your attention to this oversight, which I trust will be corrected by your office.

Sincerely,

Carolyn Ihde, Librarian

cc: Schools and Libraries Division Box 125 - Correspondence Unit 80 South Jefferson Road Whippany, NJ 07981

Carolina Dhale

No. of Copies rec'd\_ List A B C D E



## Universal Service Administrative Company

Schools & Libraries Division

## Administrator's Decision on Appeal - Funding Year 2001-2002

June 26, 2001

Carolyn W. Ihde Lucas Public Library PO Box 278 Lucas, KS 67648 JUL 6 2001
FCC MAII ROOM

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Re: Billed Entity Number:

138093

471 Application Number:

233968 3 not assigned

Funding Request Number(s): Your Correspondence Dated:

April 9, 2001

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your appeal of SLD's Year Four Funding Commitment Decision for the Application Number indicated above. This letter explains the basis of SLD's decision. The date of this letter begins the 30-day time period for appealing this decision to the Federal Communications Commission ("FCC"). If your letter of appeal included more than one Application Number, please note that for each application for which an appeal is submitted, a separate letter is sent.

Funding Request Number: 3 not assigned Decision on Appeal: Denied in full

Explanation:

- You have stated on appeal that you had inadvertently neglected to fill in all the boxes
  on the Form 471 (Block 5, Item 23). You state that you have now completed this
  missing information and you hope that it is correct.
- After thorough review of your appeal, it was determined from the Form 471 application submitted that Block 5, Item 23 (E, H, I and K), was left blank for all funding requests. This is the reason the application was rejected for Minimum Processing Standards in Funding Year 4. According to program rules the Form 471 is considered to be received when it has the required information necessary to pass Minimum Processing Standards. Since Block 5, Item 23 E, H, I and K was left blank for all funding requests it was returned in accordance with the program rules. Consequently, the SLD will not data enter your funding requests, and your appeal is denied in full.

If you believe there is a basis for further examination of your application, you may file an appeal with the Federal Communications Commission, Office of the Secretary, 445 12<sup>th</sup> Street, SW, Room TW-A325, Washington, DC 20554. Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. Before preparing and submitting your appeal, please be sure to review the FCC rules concerning the filing of an appeal of an Administrator's Decision, which are posted on the website at <www.universalservice.org>. You must file your appeal with the FCC no later than 30 days from the date on this letter for your appeal to be filed in a timely fashion.

We thank you for your continued support, patience, and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company

ontact Person Carelyn Inde					Applicant's Form Identifier 4 4 2001 - 2002 - 47/ Phone Mumber 785 - 525 - 6/78							
Instructions	Discount Use one Block 5 pay y copies of this page	age for <b>EACH</b> se	ervice (Fun	iding Request Numl			sting discounts.	Block 5, paç	je <u>/</u>	of <u>2</u>		
						zgista)						
11 Catego	Telecommunications Sentice   Internet Access   I					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)  16 Billing Account Number (e.g., billed telephone number) 785 - 525-6305 2433 40						
12 Form 4	2 Form 470 Application Number (15 digits)					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy)						
13 SPIN -	13 SPIN - Service Provider Identification Number (9 digits)				(based on Form 470 filing) /2/26/260							
ldentifi					19a Service Start Date (mm/dd/yyyy) 07/0//2000							
143002318					19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)							
14 Service	Service Provider Name Wilson Telephone Co					20 Contract Expiration Date (mm/dd/yyyy)						
	otion of	You MUST atta	ch a descr with an At	iption of the service tachment #, and no				osts, plus any i	elevant bra	and names. Label		
_	Entities ing This Service:	this service :		ecific (provided to or 3 8 0 9 3 by all entities on a	<del> </del>				e entity fro	m Block 4 receiving		
23 Calcula												
A	Recurring Charges A B C D E				Non-Recurring Charges F G H			Total Charges I J K				
Monthly \$ charg (total amount p month for servi	es How much of the \$ er amount in (A) is		# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges	Annual non- recurring (one-	How much of the \$ amount in	Annual eligible pre-	Total program	% discount	Funding Commitment \$ Request (1 x J)		
W 23,53	4	44,06	12	528.72	NA		0	528.72	.67	387.74		

ontact P	Person Carelyn Inde				Applicant's Form Identifier							
Block 5: Discount Funding Request(s)  **structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.  **Alake as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.												
11 C:						15 Contract Number (if available; use 'T' if tariffed services,						
_		of Service (only ON unications Service			sternal Cornections	"MTM" if month-to-month services as described in Instructions)						
	10,000,,	diffication is selected	of minimer www			16 Billing Account Number (e.g., billed telephone number) 785-525-6305/lucas11b						
12 Fc	2 Form 470 Application Number (15 digits) 9 7/6 3 0000 3/5 830					17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 ffing)  / 2 - 26 - 2000						
		vice Provider				18 Contract Award Date (mm/dd/yyyy) N/A						
id	Identification Number (9 digits)				197	19a Service Start Date (mm/dd/yyyy) 07/01/2001						
			·	-		19b Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services) 6/30/2002						
14 Se	ervice Pr	ovider Name L	UTCIWEL	<del></del>		20 Contract Expiration Date (mm/dd/yyyy) 06/30/2002						
ソコ	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  Attachment #											
R	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service:    A   B   C   C   C   C   C   C   C   C   C											
23 Ca	alculatio		ecurring Char	700		Non-Recurring Charges Total Charges						
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18.	95	0	18.95	12	227,40	0	ø	0	227.40	.67	152.36	